



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

DECREASE OF INSANITY.—The London letter of the *Journal of the American Medical Association* says it is a curious fact that during the war the number of the insane has decreased year by year. Of the male attendants in the lunatic asylums, more than 50 per cent have joined the army.

RENOVATION OF COTTON DRESSINGS.—A French letter states that cotton not too much soiled for further use is sorted out at the hospitals and the remainder burned. The cotton is then boiled for ten or twelve hours in soda lye, or autoclaved under pressure, to free it from fatty substances. It is then well washed in a tub provided with a strong paddle, and after this is dried in a special turbine, which revolves very rapidly to remove all moisture from the cotton. It is next placed in a calcium hypochlorite bath, which bleaches it to an immaculate whiteness, and is then washed thoroughly in water. After another drying it is carded, packed and again autoclaved. It sells for 1 f. and 50 c. a vilogram, while cotton from America costs three francs.

LICENSES TO MAKE SALVARSAN.—The *Medical Record* states that the Federal State Commission has licensed three firms to manufacture and sell salvarsan, patent rights of which have been held by German subjects. Hereafter this drug will be manufactured and sold under the name of "Arsphenamine." Before the war began the patented drug was sold at \$400 per dose, which is approximately \$3500 per pound. The price has not yet been fixed but the right to do so is retained. One dollar per dose to the Army and Navy; one dollar and twenty-five cents per dose for hospitals, and one dollar and fifty cents per dose for physicians has been suggested.

SURGICAL SHOCK.—In an experimental study of this subject, reported in the *Journal of the American Medical Association*, it is stated that shock may develop during or some time after markedly interfering with the blood supply to a considerable part of the body. Reports from the front indicate that the occurrence of shock to the wounded soldier, when he is seen soon after the infliction of his wound, is exceedingly rare; it usually appears in patients giving a history of great exposure to cold and fatigue before being cared for. It is suggested that the cause of shock may be reduced circulation, brought about possibly through the action of pain stimuli and a certain amount of hemorrhage, on the vasoconstrictor mechanism.

SANATORIUM FOOD MONOTONY.—An article in *The Survey* says the importance of nourishing food in sufficient quantities is no greater than the importance of having it pleasing and acceptable to the patient. In many sanatoria attention is given only to the nutritive aspect of the food and its quantity, while a sad indifference is manifested to its no less important psychological aspects. At home, the patient's appetite is appealed to as far as can possibly be done. In a sanatorium, a fixed menu eliminates the feature of pleasing surprises and there is no catering to individual tastes.

CAMPHORATED MUCILAGE IN FETID WOUNDS.—A Spanish medical journal states that German surgeons have used this preparation extensively in gangrenous wounds with good results. Not only is the fetor abolished, but separation of the sloughs and healthy granulations are promoted.

A NEW METHOD OF CLEANSING SLIDES.—The *Journal of the American Medical Association* mentions that slides covered with tissue sections mounted in balsam, as well as stained smears of all kinds coated with immersion oil, can be easily cleaned by soaking in household ammonia, full strength, for twenty-four hours. The ammonia may be used repeatedly if kept in a receptacle with a tight cover to prevent loss. This method is simple, cheap and effective.

THE BANANA AS A FOOD FOR CHILDREN.—In an article in the *American Journal of Diseases of Children* the writers advocate the use of fully ripe bananas in the dietary of young children. They must be fully ripe or well cooked. The former stage is not reached until brown spots begin to appear on the skin. They should be baked in the yellow stage of ripeness. As a source of food fuel, or energy, the banana yields over 400 calories per pound. Olives, sweet potatoes and corn are the only common fresh fruits and vegetables that have a higher food value than bananas. Grapes, plums, potatoes, figs and dates are said to equal the banana in value. Potatoes are never eaten raw, and chestnuts, which are rich in starch, can only be eaten raw to a limited extent. The raw banana in its unripened state contains much unconverted starch and should therefore be baked, or otherwise cooked, for human consumption. Bananas that are merely yellow are not ripe. A completely browned skin is not in itself a sign of overripeness and such fruit should be judged by the texture of the pulp. An undamaged skin converts the banana into a "sterile package" uncontaminated by germs.

TOEING-IN.—In answer to an inquiry, the *Journal of the American Medical Association* says that a slight degree of toeing-in is entirely natural and indicates a strong foot. It is much to be pre-

ferred to a toeing-out gait. If it is exaggerated, it can be easily remedied by the use of a straight-lasting shoe with a lift of $\frac{1}{4}$ to $\frac{3}{8}$ inch, put under the outside of the sole. Great care must be taken that the shoes are sufficiently long, at least one-fourth inch beyond the ends of the toes. It will be found that the heel will wear off unevenly on one side, and this should be squared up and not allowed to run over.

PITUITARY EXTRACT IN INCONTINENCE OF URINE.—A Russian medical journal reports nineteen cases of nocturnal incontinence in adults and children which were promptly benefited by treatment with pituitary extract. It has a contracting influence on unstriated muscular fibre, of which the bladder sphincter is composed, and the results in relieving incontinence, in one case of twelve years' standing, were surprising. The method is said to be harmless and effectual.

SANITARY PAPER CAPS.—A writer in the *Journal of the American Medical Association* says paper caps in place of linen caps for surgeons are becoming very popular. They are cheap, costing less than the laundering and depreciation of linen caps, are cool and light and are free from lint. The one that has an elastic crepe paper insertion in the back is recommended. A piece of thick corrugated absorbent paper is pasted on the inside where the hat touches the forehead to absorb perspiration. One method of sterilizing them is flowing steam for 45 minutes, with two or three minutes in the hot air oven.

RELIEF FROM PAIN IN WOUND DRESSING.—In a report of observations made in base hospitals in France, a writer in the same journal says that in the dressing of painful wounds, a very valuable method of anesthetizing the patient is used without danger, even though required daily. The formula of the anesthetic is: Ethyl chloride, 5 c.c.; chloroform, 1 c.c.; ether, 24 c.c. A piece of flannel cloth is saturated with the entire amount and placed over the patient's face. This is covered with another piece of flannel and this in turn with oil silk, containing a small aperture fitting over the nostrils. This is tied around the patient's face with a piece of tape or rubber tubing. The anesthesia produced will last for ten minutes and the dressing can be started on the second breath. It is apparently devoid of danger, is not accompanied by unpleasant complications, has no deleterious after effects, and is welcomed by the patient.